SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.

2. This Form must be completed by the Policyholder and/or the Authorised Driver.

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.

4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. **Any false reporting may be referred to the Police for investigation.**

6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT	
Date Of Report	18/01/2019 13:51
Date Of Accident	18/01/2019 10:00
Exact Location Of Accident	TOA PAYOH LOR 1 TOWARDS LOR 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF936U
Insured/Policyholder	
Name Of Registered Owner	WINSOME INTERIOR PRODUCTS PTE LTD
Co Reg No	--
Email Address	WINSOMEINTERIOR@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62500103
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMCVSN1741171801
Cover Note Number	20/06/18 - 19/06/19
Driver	
Name of Driver	HOSSAIN AKTHER
NRIC No	F7981435X
Date Of Birth	21/05/1971
Occupation	OUTDOOR
Date Of Driving Pass	30/08/2017
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81120807
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	C/O WINSOME INTERIOR PRODUCTS PTE LTD
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : WORKER GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes,Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

That time was raining heavy and was moving towards right lane a vehicle from behind suddenly hit onto my vehicle right rear corner and cause my vehicle slightly damage.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH7127E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SOH KHAI HOCK
NRIC/Passport Number	S0136555Z
Contact Number	98773369
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

VEHICLE NO.: _GBF 936 U_

INSURER : _CHINA_

DATE & TIME: _18/01/19 10.00 A.M_

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8. Consent under the Personal Data Protection Act (PDPA)

   I understand, acknowledge, agree and consent that:

   (a) My insurer, my workshop and the General Insurance Association of Singapore ("**GIA**") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "**Personal Information**") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "**Insurers**"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

      (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

      (ii) investigating the accident and/or my claims;

      (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

      (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

      (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "**Purposes**")

   (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

   (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

   (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

   (e) the Information so collected under (d) above may be shared / disclosed:

      (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

      (ii) for complying with requirements under any regulations, laws or court orders.
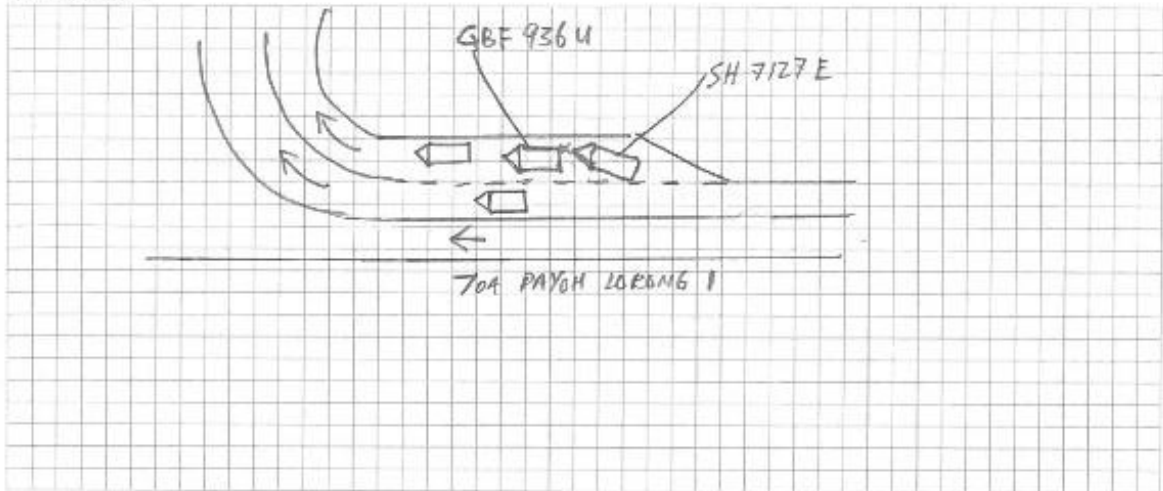
Policyholder's Signature
Date & Time:

Driver's Signature — _Akther - 18.01-19_
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature — _18/1/19_
Name: _(WL)_
NRIC/FIN No.:

GIARMC SketchPlanForm_V3

SKETCH PLAN

GBF 936 U

SH 7127 E

TOA PAYOH LORONG 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

That time was raining heavy, and was moving towards right lane a vehicle from behind suddenly hit onto my vehicle right rear cornal and cause my vehicle slightly damange.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

AK-ther

18/1/19

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18-01-19

Reporting Centre Personnel's Signature
Name: (WL)
NRIC/FIN No.:

GIARVC SketchPlanForm_V3

( ) Claim Own Policy   ( ) Claim Third Party   (√) Reporting Only
( ) Claim OD/TP at other workshop (_____)

REPUBLIC OF SINGAPORE   DRIVING LICENCE

Licence Number: F 7 9 8 1 4 3 5 X

Name:

HOSSAIN AKTHER

Birth Date: **21 May 1971**

Issue Date: **30 Aug 2017**

Valid Till 29/08/2022

002719292C

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3   Motor cars with unladen weight =< 3000kg with =< 7   30 Aug 2017
            passengers, exclusive of driver; and other motor
            vehicles with unladen weight =< 2500kg

94845067

Licence No:F7981435X

NP 428A

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer
WINSOME INTERIOR PRODUCTS PTE. LTD.

Name
HOSSAIN AKTHER

Work Permit No.
0 60987130

Sector:
CONSTRUCTION

0 60987130

K0598648

VISIT PASS
Immigration Regulations

17-07-2018

Name
HOSSAIN AKTHER

FIN
F7981435X

Date of Birth   Sex
21-05-1971   M

Nationality
BANGLADESHI

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass
App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo